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CENTRAL FAX CENTER

OCT 25 2006

**SECOND SIGHT® MEDICAL PRODUCTS, INC.**

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TO:	FROM:
OIPE Customer Service	Tomas Lendvai
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Commissioner for Patents	10/25/06
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FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(571) 273-8300	3
ART UNIT:	ATTORNEY DOCKET NUMBER:
3762	S105-USA
RE:	CUSTOMER NO.
U.S. Patent Application No. 09/851,268	28284
Filed 5/7/01	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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PTO/SB/21 (07-06)  
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/861,268	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>OCT 25 2006</b>
	Filing Date	May 7, 2001	
	First Named Inventor	Greenberg, et al.	
	Art Unit	3762	
	Examiner Name	M. Bockelman	
Total Number of Pages in This Submission	2	Attorney Docket Number	S105-USA

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Second Sight Medical Products, Inc.		
Signature			
Printed name	Tomas Lendvai, Ph.D.		
Date	OCT 25 2006	Reg. No.	57,488

CERTIFICATE OF TRANSMISSION/MAILING		
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PTO/SB/81 (08-04)

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INDICATION FORM**

Application Number	09/851,268
Filing Date	May 7, 2001
First Named Inventor	Greenberg, et al.
Title	Video Processing Methods for Improving Visual Acuity and/or Perceived Image Resolution
Art Unit	3762
Examiner Name	M. Bockelman
Attorney Docket Number	S105-USA

I hereby appoint:

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28284

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/25/06
Name	Robert J. Greenberg, M.D., Ph.D.	Telephone	(818) 833-5050
Title and Company	President and CEO/Second Sight Medical Products, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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